



# County of San Diego

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### Medical Director's Update for Base Station Physicians Committee –March, 2004

#### San Diego County EMS:

**Protocol Revisions** are coming into the final stages. Thanks to all who have assisted, and a special thanks to Debi Workman, Joanne Stonecipher, Ginger Ochs and Marcy Metz.

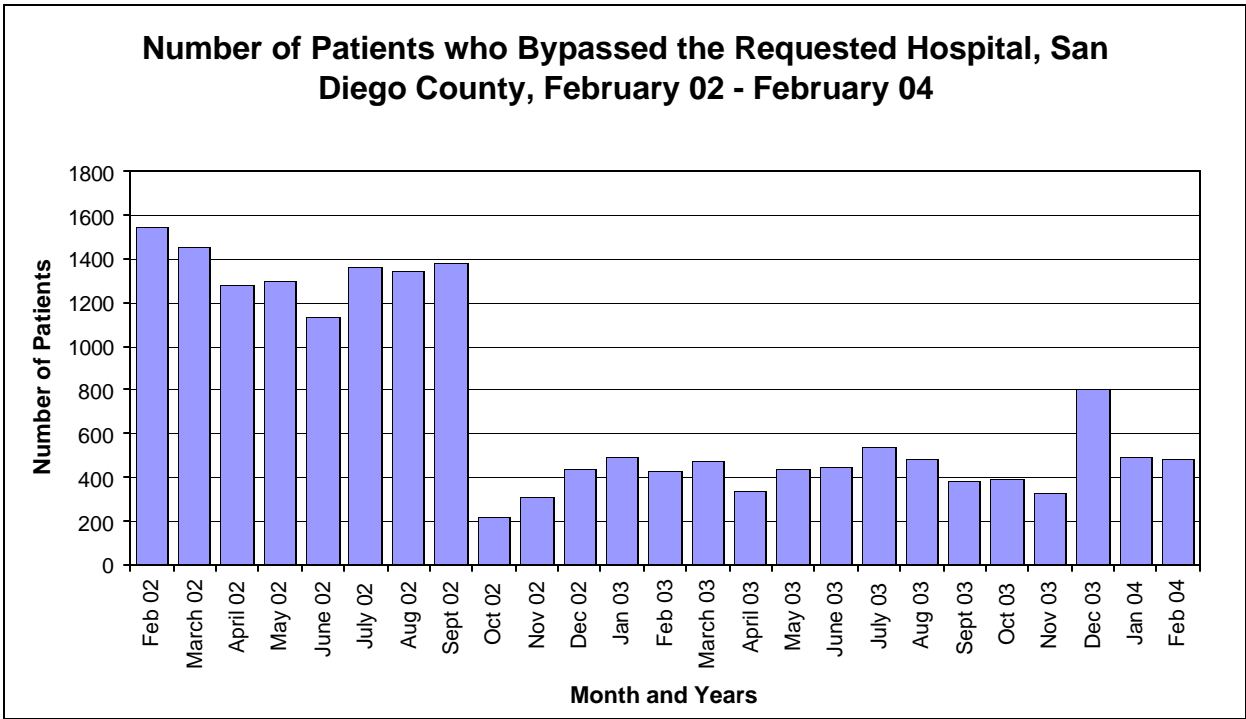
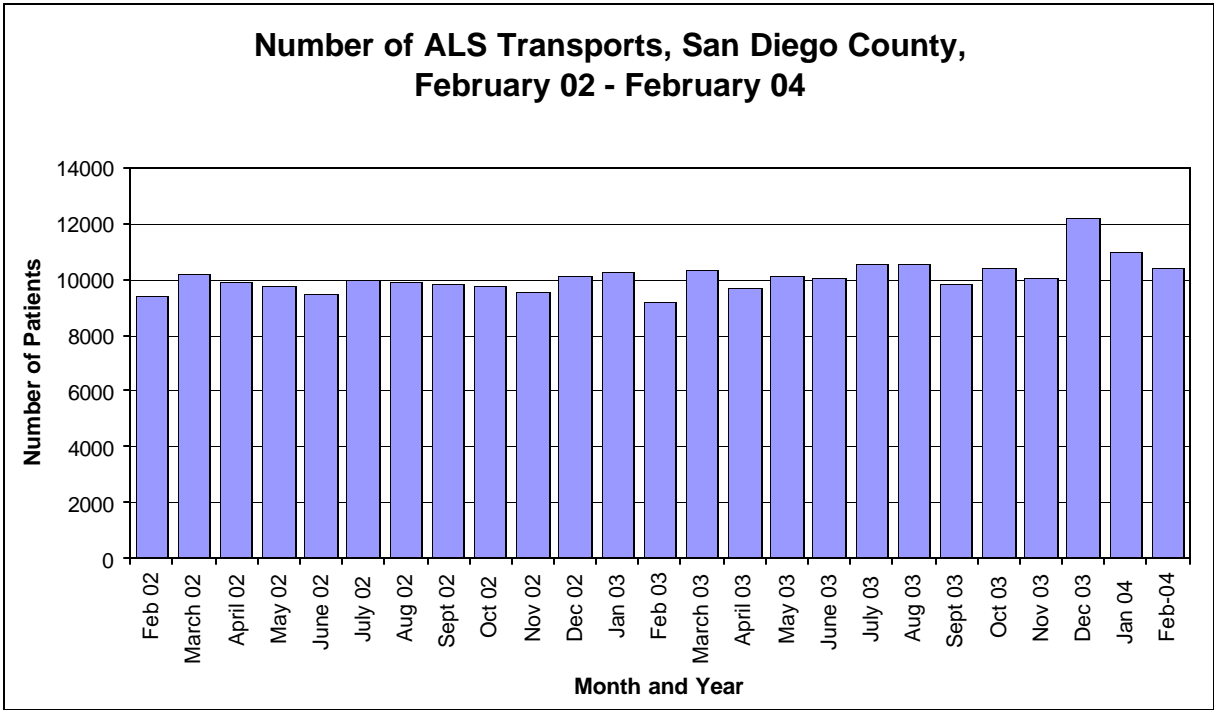
**San Diego County Medical Society EMS Oversight Committee** met last week. The committee plans to work on an ETT turnover guideline (attached draft #1) to facilitate ETT confirmation, define airway turnover and minimize the risk of inadvertent ETT dislodgement upon patient transfer from medic gurney to ED bed. Please forward any comments to me.

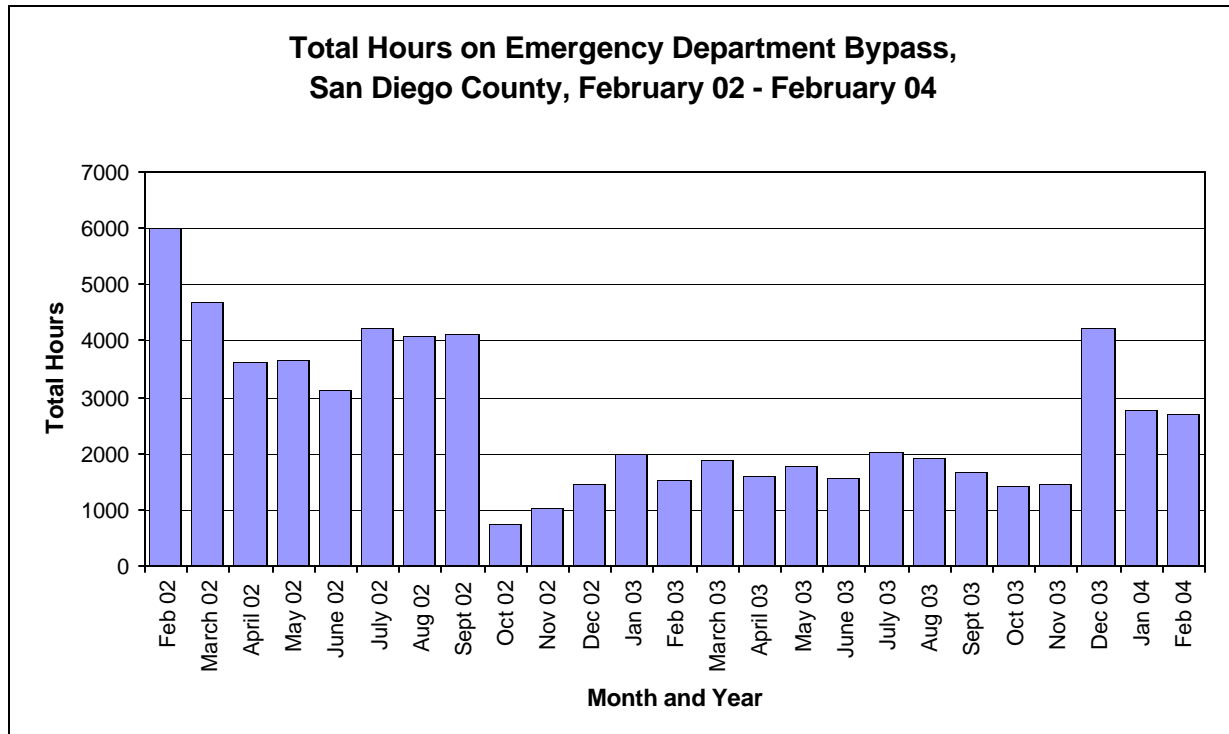
A second topic that the committee is planning to address is that of ambulance offload delays, coupled with delays in giving report to a hospital provider once inside the ED. Progressive thinking and ideas from the community constituents are desired. The meetings of the SDCMS EMS Oversight Committee are the second Friday of each month at 09:30-11:00 at the San Diego County Medical Society.

**Gwen Jones** has announced her retirement from San Diego County EMS, effective this June. As you all know, she has been a fixture at County EMS for twenty years and has been instrumental in facilitating collaboration between all of the community stakeholders while continuing to move San Diego County EMS forward as a national leader. Please join me in thanking Gwen for her devotion and service, and in congratulating her on the start of a new life closer to her family in Texas!!!!

Additionally, **Edward Castillo, PhD**, is also leaving us at the County for a local position at SDSU. His contributions to the EMS will be missed.

Below is the patient destination data in graphic form





Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, February 2002 – February 2004

**EMDAC and the EMS Commission do not meet again until next week.**

**Gary M. Vilke, M.D., FACEP, FAAEM**  
Medical Director

## **Prehospital to Hospital ETT Turnover Guidelines (DRAFT #1)**

### **Purpose:**

- 1) To clarify the time when the ETT management and responsibility has been transferred from the prehospital provider to the hospital provider.
- 2) To better optimize patient care by identifying who will be the leader in calling patient transfer from prehospital gurney to hospital bed/gurney in order to avoid inadvertent ETT extubation.

### **Guideline:**

The prehospital provider who is managing the ETT in an intubated patient will manage the airway until the ETT position is confirmed by the designated person from the receiving hospital.

Once the ETT has been confirmed by the designated person from the hospital, the control of the ETT will then be the responsibility of the hospital personnel, and any future determinations of misplaced ETT will be by definition have occurred in the hospital.

ETT confirmation should occur on the prehospital gurney prior to transfer to the hospital bed if the condition of the patient is deemed appropriate by the physician. If the ETT is confirmed on the prehospital gurney, the transfer of the patient to the bed will be at the direction of the designated hospital person managing the ETT.

If the patient condition is deemed to require immediate transfer to the hospital bed prior to hospital ETT confirmation, then the transfer of the patient to the bed will be at the direction of the prehospital person managing the airway, and confirmation can occur after transfer.

### **Recommendations:**

Have the most senior person appropriate immediately present for determination of any potentially misplaced ETT prior to official confirmation and transfer.

If ETT placement is in question, utilize the gold standard of direct visualization, which protects the patient from having a correctly placed tube from being inadvertently removed, as well as protecting the prehospital provider from the ramifications of an esophageal intubation if it was indeed correctly placed.

The designated hospital provider can confirm appropriate ETT placement by any clinical means with which he or she feels comfortable (ETCO<sub>2</sub>, breath sounds, O<sub>2</sub> sat, direct visualization), but once ETT confirmation is complete and the management of the ETT is transferred, any future determinations of misplaced ETT will be by definition having occurred in the hospital.